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FAX

To:	Commissioner for Patents	From:	Sanjay S. Bagade
Fax:	(571) 273-8300	Pages:	10 (including fax coversheet)
Phone:	(571) 272-4697	Date:	July 26, 2005
Re:	**OFFICIAL FILING**	cc:	

Comments:

Application No.: 10/628,971
Filing Date: July 28, 2003
Title: METHOD FOR LUNG VOLUME REDUCTION
Inventor(s): Michael BIGGS et al.
Examiner: G. Jackson
Group Art Unit: 3731
Attorney Docket No.: BRONNP00300

Papers attached:
1. Transmittal (1 page)
2. Fee Transmittal (1 page)
3. Credit Card Authorization (1 page)
4. Response to Non-final Office Action (3 pages)
5. Petition for Extension of Time (1 page)
6. Terminal Disclaimer – U.S. Patent No. 6,599,311 (1 page)
7. Terminal Disclaimer – U.S. Patent No. 6,174,323 (1 page)

2005-07-27 03:05:46 (GMT)   **RECEIVED** 16502842180 From: Sanjay Bagade

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TRANSMITTAL FORM	Application Number: 10/628,971
	Filing Date: July 28, 2003
	First Named Inventor: Michael BIGGS
	Art Unit: 3731
	Examiner Name: G. Jackson
(to be used for all correspondence after initial filing)	Attorney Docket Number: BRONNP00300
Total Number of Pages in This Submission: 10	

ENCLOSURES   *(Check all that apply)*

- [✓] Fee Transmittal Form
  - [✓] Fee Attached
- [✓] Amendment/Reply
  - [ ] After Final
  - [ ] Affidavits/declaration(s)
- [✓] Extension of Time Request
- [ ] Express Abandonment Request
- [ ] Information Disclosure Statement
- [ ] Certified Copy of Priority Document(s)
- [ ] Reply to Missing Parts/ Incomplete Application
  - [ ] Reply to Missing Parts under 37 CFR 1.52 or 1.53

- [ ] Drawing(s)
- [ ] Licensing-related Papers
- [ ] Petition
- [ ] Petition to Convert to a Provisional Application
- [ ] Power of Attorney, Revocation Change of Correspondence Address
- [✓] Terminal Disclaimer
- [ ] Request for Refund
- [ ] CD, Number of CD(s) _____
  - [ ] Landscape Table on CD

Remarks

- [ ] After Allowance Communication to TC
- [ ] Appeal Communication to Board of Appeals and Interferences
- [ ] Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
- [ ] Proprietary Information
- [ ] Status Letter
- [✓] Other Enclosure(s) (please identify below):
  1. Credit Card Authorization (1 page)
  2. Fax Cover Sheet (1 page)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Levine Bagade LLP (Customer No. 40518)
Signature	*[signature]*
Printed name	Sanjay S. Bagade
Date	July 26, 2005
Reg. No.	42,280
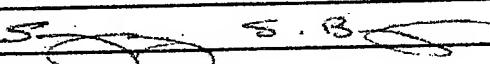
CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:
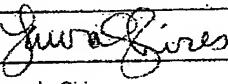
Signature	*[signature]*		
Typed or printed name	Laura L. Shires	Date	July 26, 2005

PTO/SB/17 (12-04v2)
Approved for use through 07/31/2005. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)	Complete if Known	
FEE TRANSMITTAL **For FY 2005**	Application Number	10/628,971
	Filing Date	July 28, 2003
	First Named Inventor	Michael BIGGS
☑ Applicant claims small entity status. See 37 CFR 1.27	Examiner Name	G. Jackson
	Art Unit	3731
TOTAL AMOUNT OF PAYMENT ($) 640.00	Attorney Docket No.	BRONNP00300

METHOD OF PAYMENT (check all that apply)

☐ Check ☑ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☐ Deposit Account   Deposit Account Number: _____   Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below   ☐ Charge fee(s) indicated below, **except for the filing fee**

☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17   ☐ Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fee ($)	Small Entity Fee ($)	Fees Paid ($)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee ($)	Small Entity Fee ($)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee ($)	Fee Paid ($)		Multiple Dependent Claims	
					Fee ($)	Fee Paid ($)
_____ - 20 or HP = _____	x _____	= _____			_____	_____

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee ($)	Fee Paid ($)
_____ - 3 or HP = _____	x _____	= _____	

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is $250 ($125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee ($)	Fee Paid ($)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	=	_____

4. OTHER FEE(S)

Fees Paid ($)

Non-English Specification, $130 fee (no small entity discount)   _____

Other (e.g., late filing surcharge): Extension of Time ($510), Terminal Disclaimer ($65 x 2) $640.00
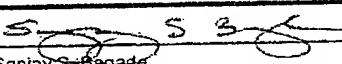
SUBMITTED BY		
Signature [signature]	Registration No. (Attorney/Agent) 42,280	Telephone (650) 242-4212
Name (Print/Type) Sanjay S. Bagade		Date July 26, 2005